



Utilizing Elderly Free Time Activities

A Study Of Activities That Promote Health And Wellbeing

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Summary

The aim of this study is to investigate free time activities that can promote health and wellbeing among hospitalized elderly people in order to provide information to caregivers. The research questions are: Which activities at free time promote health and wellbeing among hospitalized elderly people from caregivers' point of view? How do activities at free time promote health and wellbeing among hospitalized elderly people from caregivers' point of view? Which type of activities can long term hospitalized elderly engage in, in the future?

The theoretical framework of the study is Pender's theory of health promotion. A qualitative research method is chosen for this study with a designed face-to-face interview as data collection tool. Six informants took part in the study. The data analysis was done by the content analysis method.

The main results of this study show that free time activities are essential as they address the physical, psychological and social needs, which helps to promote health and wellbeing of hospitalized elderly. However, inadequate resources, education and motivation limit provision of free time activities.

Language: English Key words: Activity, Wellbeing, Elderly, hospitalization and health promotion.

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Introduction

For the past two decades, there has been an increase in the number of elderly people whereby the majority lives in care institutions as elderly daily activities become complex to handle while at home (Hancock, Woods, Challis, & Orrell, 2006). The essence of activity at free-time for elderly should be therapeutic, enhance quality of life, arrest mental decline, maintain self-esteem and enable friendship (Hutchinson & Marshall, 2000). In addition, activity evidently improves aspects of functioning that are risk factors for disability among hospitalized elderly (Hughes et al, 2009; Luukinen et al, 2006).

Merriam-Webster (2011), defines activity is a process that an organism or human carries on or participates in, by virtue of being alive, involving mental function, specifically educational procedures designed to stimulate learning by firsthand experience. Recent research by Kruger, Deborah and Faika (2011) argue that exercising “the mental muscle”¹ at free time helps the mind to be healthy. Therefore, free time activities are significant endeavours to reduce aspects of boredom, loneliness, stress and depression with objectives of beneficial outcomes to promote and maintain good moral and psychological health and fitness for long term hospitalized elderly people.

The aspiration to carry out this research evolved during practice, part-time jobs in elderly care institutions and participating in activity programs organized by nursing students in geriatric care in Western Ostrobothnia of Finland. We felt that not enough activities are done by the elderly residents. With the above ramifications, it is obvious to say, some aspects of hospitalisation did not fully reflect the obligation and commitment to promote and maintain health and wellbeing for hospitalized elderly people, which go a long way in enabling us to fulfil our study prospects.

¹ Mental Muscle refers to the mind (brain). The more you think being a form of exercise, the smarter and stronger your brain (mind) becomes. (Kruger, Deborah and Faika, 2011)

2. Aim

The aim of this study is to investigate the activities at free time that can promote health and wellbeing among hospitalized elderly people in order to provide information to health caregivers.

2.1 The Research Questions

- Which activities at free time promote health and wellbeing among hospitalized elderly people from caregivers' point of view?
- How do activities at free time promote health and wellbeing among hospitalized elderly people from caregivers' point of view?
- Which type of activities can long term hospitalized elderly engage in, in the future?

3. Literature Review

In this study, the search for relevant literature was done using the EBSCO database, CINAHL and E-Books. The keywords used were: elderly, activity, wellbeing, and health promotion. The description of the review is summarised below.

3.1 Aging as a Concept

Life expectancy is on the rise as the years go by due to improvement in health services, sanitation, housing, nutrition, and discoveries in vaccines and antibiotics leading to an increase in aging population (WHO, 2010). The average lifespan is increased by an average of 2 years every decade, tallying the survival rate beyond the age of 65 more common (WHO, 2010). The rise in elderly population will intend

increase the need of geriatric care. Elderly people have the fundamental right to expect and receive high quality health care (Redfern and Ross, 1999, p.135).

Many older people, even those with disabilities, wish to stay at home but the inability of elderly to cope at home contributes to prolonged hospital or institutional stay (Redfern and Ross, 1999, pp.123-124). The rate and duration of admitting elderly people to hospitals is higher and longer than that of any other age group due to increased ageing. Victor and House, (2000) reiterate that elderly people often suffer from many acute and chronic illnesses that may leave them weakened and incapacitated.

Hence, as the population is aging, there is need for change in the plan of health care and long-term care that promotes and maintains health, independence, and wellbeing and prevents diseases in long term hospitalized elderly people (Redfern and Ross, 1999, p.135). Besides, aging comes with issues such as diminished ability for activities of daily life. In addition, Drennan, et al (2005) argue that maintaining health is encouraged by active aging which adds quality to the life of the elderly deemed at risk.

Pereira and Stagnitti (2008) claim that engagement in occupational therapy by long term hospitalized elderly people could help achieve positive health outcome and wellbeing standard. Therefore, elderly people who engage in meaningful activities at free time enjoy healthy quality of life. Furthermore, Haber (2010, pp. 29-30) argue that many countries, especially developed countries, have managed to increase life expectancy but not health expectancy. Additionally, Pereira and Stagnitti (2008) state that the number of healthy years left for a person is determined by many factors such as physical activity, nutritional intake, social support network, medical care, health education and utilization of medical services.

Victor & House (2000) claimed that policy makers and practitioners have neglected disease prevention and health promotion in older people. This means that the apex of health and wellbeing in elderly is not reached, if all the parameters of health and wellbeing are not put under control. While focusing on how to encourage long term hospitalized elderly people reach the peak of life, we also focused on disease prevention. The WHO (2010) states that to attain a state of complete wellbeing, “an individual or group must be able to identify and realize aspiration to satisfy needs, and to change or cope with the environment”. Health and wellbeing are recognized here as a direct strategy to promote and maintain health and also to prevent diseases in long term hospitalized elderly people.

3.2 Concept of Health and Wellbeing in Elderly Care

The four commonly accepted paradigms of nursing discipline are: health, person, environment and nursing. Health and caring are the frequently articulated goals of nursing (Pender, 1996, pp 15-16). In traditional time, many health care professionals assumed that the definition of health is the absence of diagnosable disease. Hence, Pender (1996, p.15) reiterates that all people free of disease are not equally healthy and that illness cannot be present without health but health can be present without illness.

Research of Redfern & Ross (1999, pp.195-202) define health as a positive dynamic state, not merely the absence of disease as individuals may think. Health can be subdivided into three categories: a) Health as a product, b) Health as a potential, and c) Health as a process. Health is viewed as a product in the traditional medical formulation and is bound with notions of disease and measurable deviations from biological norm. These biological measurements give rise to the idea that health is a state. In this definition health is viewed as the positive end of disease. This view of health is prejudicial to older people who may be healthy in one aspect but not others. It is possible for a person of any group to be healthy in one phase and unhealthy in another (Wade & Waters, 1996, pp.74-79).

Health as a potential is linked with the ability to cope with, or adapt to environmental challenges as well as an ability to realize personal goals and aspirations (Redfern & Ross, 1999, P.195). This view of health could be a disadvantage for elderly people who are faced with many disabilities or diseases that limit them from coping with the environmental challenges. Hence, the inability to cope at home contributes to prolonged hospital stays for elderly people (Wade & Waters, 1996, pp.16-17).

Finally, Health as a process emphasizes that health is an ever-changing, dynamic process which may relate to optimum physical growth and body development (Redfern & Ross, 1999, pp. 200-202). However, health² is a “state of complete physical, mental, and social well being and not merely the absence of disease and infirmity” (WHO, 2010). The above definition sees the human being as a total person and equated health with a life of creativity and production.

3.2.1 Activities that Promote Physical Health and Wellbeing

It is evident that regular physical activity is essential for productive living. Brown (2010) found out that tai chi³ purports to improve health and wellbeing through changes in mental focus, breathing, coordination and relaxation of body muscles. The goal of exercise is to “rebalance” the body’s own healing capacity. Moreover, Pender (1996, p.186) states that achieving the goal of emphasizing physical activities or exercise as a form of leisure activity is dependent on the sources of personal and social motivation within a person’s everyday environment. Furthermore, Losier, Bourque, and Vallerand (1993) reiterate that leisure experiences and activities in free time for long term hospitalized elderly people are

² Health is the soundness of body, mind and freedom from disease, being a polite or complementary wish for a person’s health and happiness.(WHO, 2010)

³Tai chi is an exercise involving a continuous control, usually slow and stretching movement designed to improve physical and mental well-being. (Brown, 2010)

mostly affected by motivation. Motivation is referred to as the energy that drives leisure participation. Without the motivation, there is no will to engage in leisure activities.

In addition, Pender (1996, p.185) states that many people begin to exercise on their own but others, especially the elderly, rely on the environment they live in to create exercise programs that could help them achieve physical health and wellbeing. Moreover, very few health care practitioners offer physical activity counseling to their patients and this is a very important opportunity missed in maintaining physical health and wellbeing (Pender 1996, p.185). Furthermore, Grove and Spier (1999) reiterate that many elderly people may not engage in physical exercises due to lack of knowledge of the benefits, low self-esteem, none or limited access to exercise programs and denial that these activities are beneficial. Additionally, elderly people need to be informed about the health benefits of physical exercise programs.

Furthermore, research by Brown (2010) shows that habitual exercisers of tai chi suffer less brain tissue loss and that slows the progression of cognitive symptoms that contribute to loss of physiological stability and high level functioning in elderly. Moreover, the benefit of exercise ranges from mental, like reduction of stress, to decrease of the onset of cardiovascular diseases, and reduced risk of hypertension. Additionally, active individuals also have higher plasma concentrations of high density lipoprotein cholesterol and a high ratio of low density lipoprotein cholesterol, both of which could lower the risk of cardiac arrest. Excessive body fat is reduced through regular exercise. Moreover, physical activity can also lower insulin levels, improve glucose tolerance in short term, and improve pulmonary function in people including those with impairment and disability (Pender 1996, p.187). (See Appendix 1)

Furthermore, Galloway & Joki (2000) state that engaging in physical activity is a useful factor and component of successful aging that improves the functional status and health of the elderly. Moreover, Shirley, Ploeg & Bauman (2010) claim that

physical activities are meaningful to long term hospitalized elderly people due to their health benefits whereby they reduce stress, depression, and risk of developing cardio-vascular disease and obesity and several forms of cancer.

In addition, Brown (2010) claims that tai chi helps strengthen the muscles around an arthritic joint; this improves the flexibility and range of motion, strengthens and improves the body's immune system and greatly reduces both asthma and allergy symptoms.

Moreover, research from Shirley, Ploeg & Bauman (2010) show that exercise can help to prevent and manage chronic diseases, providing the possibility for elderly to promote and maintain their independence and reduce the rate of falls. Moreover, falls contribute greatly to health expenditure and may victimise elderly people to end up in long-term hospitalisation. Furthermore, Brown (2010) reiterates that exercises help in managing circulation problems, diabetes, heart attack recovery, high blood pressure, osteoporosis, relaxation, weight management, stress and in improving sleep quality in elderly people.

Pender (1996, p.194) states that although the benefits of engaging in physical activities are overwhelmingly high, there are barriers as to how elderly people may engage in the physical activities. The reasons are inconvenience of facilities that offer the programs, lack of opportunity to exercise with others of the same age, fear of exercise-related illness or injury, disability and sensory impairment. However these barriers can be overcome by facilitating companionship for exercise, building on previous exercise habits, and acknowledging the exercise skills that they have developed over time to motivate them to continue. It is possible for adults to be active even in their very old years (Pender., 1996, p.194).

Nurses, as health care professionals in the front row of delivering primary care, need to know that it is their responsibility to use current and emerging knowledge to help

patients to develop exercise habits (Pender., 1996, p.205). Furthermore, Redfern & Ross (1999, p.315) state that collaboration between nursing staff and rehabilitating staff is essential for success of physical activity. Moreover, nurses should approach the involvement in exercise as their responsibility and not as a reaction to the physiotherapist's instructions. In addition, Pender (1996, p.205) reiterates that maintaining physical health and fitness can be enjoyable and has many benefits to people of all ages and contributes highly in extending longevity and improving the quality of life.

3.2.2 Activities that Promote Mental Health and Wellbeing

WHO (2010) defines mental well-being as a state of emotional and psychological well-being in which an individual is able to use his or her cognitive and emotional capabilities, to meet the ordinary demands of everyday life. In addition, mental wellness is seen as a positive attribute, when a person can reach enhanced levels of mental health, even without diagnosable mental health condition. Moreover, Victor & House (2000) reiterate that the mental health definition highlights emotional well-being, the ability to live a full and creative life, and the flexibility to deal with life's inevitable challenges.

Research by Chen and Fu (2008) claims that leisure activities contribute to psychological wellbeing and provide quality of life during aging, leading to health promotion among the elderly people. Furthermore, Kruger, Deborah and Faika (2011) reiterate that consistent exercise of "mental muscle" helps the mind to be healthy, which maintains and balances personal traits such as intellect and emotion throughout human life. Exercise has been revealed to promote good moral and psychological health and fitness for long term hospitalized elderly people. Moreover, Brooker and Duce (2000) state that mood and wellbeing of long term hospitalized elderly people can be improved via leisure activities such as watching TV, playing cards, craft activities and music.

In addition, Laukka (2007) states that music is used in health promotion, as a soothing mechanism to relieve stress and add a calm feeling to the mind. Moreover, music as an enhancing tool provides elderly people with ways of understanding/expressing emotions, self-identity, and spirituality, communicating feelings and improving a sense of wellbeing. Furthermore, Cattán and Tilford (2006) state that music enhanced the elderly people's self-esteem and lessened their feelings of loneliness and isolation. Additionally, music is one of the most effective triggers in psychological states and experiences in music often result in strongly felt emotions that improve psychological wellbeing of long term hospitalised elderly people in their free time. Furthermore, Gabrielsson, in Juslin & Sloboda (2001) states that music also plays a great role in construction and strengthening of identity and self.

In addition, Cattán & Tilford (2006) state that music therapy helps to reduce agitation, anxiety, delusions and other behavioral symptoms. The most basic forms of music therapy are receptive, that includes listening to music that awakens old memories, promotes happiness and well-being, enjoyment and other psychological benefit in long term hospitalized elderly people, making the elderly feel in contact with others and objects in their vicinity.

According to Bondvik & Skogstad (1998), contacts greatly reduce feelings of loneliness, depression and stress. Moreover, social contact between caregivers and long term hospitalized elderly reduces feelings of loneliness and stress as the elderly's daily activities, like going to the toilet and moving from bed to chair, are provided with assistance from caregivers. Besides, activities in a long term hospitalized setting could be based on a schedule for elderly people at leisure time. Furthermore, Suto (1998) defines leisure activities as those activities not pertaining to work which produce intrinsic rewards and provide the participants with life-enhancing meaning and a sense of pleasure.

Leisure time participation covers a range of activities related to sharing time, effort to contribute with friends, family or the public. The leisure activities are not based on responsibility towards work, family or society, they are intended for self-enhancement and wellbeing (Hsu, 2006). Being active might involve engaging or working on a project which can be termed occupation. Occupation is a form of feeling involved with life which draws ability and interests in a way that is personally satisfying. If there is no occupation, the result is a sense of boredom.

Occupation is overlooked in health care settings since nurses and health care professionals provide readymade solutions such as putting the patients into existing activity programmes irrespective of their interests. Redfern and Ross (1999, p.550) state that just because dementia patients are doing something, it does not mean they are occupied, they may be very bored. However, there is great difference in how long term hospitalized elderly people would choose to spend their leisure time. This can be affected by their age or level of education. Research of Chen and Fu (2008) attest that better educated elderly people would choose to read more in their leisure time and could engage more in sports and outdoor activities.

3.2.3 Activities that Promote Social Health and Wellbeing

Social interaction and/or participation could have a great influence on the quality of life for long term hospitalized elderly people. Rennemark and Hagberg (1997) argue that gaining a number of friends, family members or relatives' support is vital in the quality of life. But, social life and health status are bidirectional, which means that a person's health is affected by their social life and social life is influenced by health status (Sorensen, Pinguart & Duberstein, 2002). The Social interaction and social networks are formed by people who provide emotional support, companionship, instrumental help and advice that could help increase social wellbeing, health and the quality of life of the long term hospitalized elderly people.

All the same, changes in health for long term hospitalized elderly people could reflect in turn to the changes in social networks. However, Portero and Oliva (2007) claim that the social network may decrease as people get older, making relatives and formal caregivers become the primary source of support rather than friends and companions. Additionally, Drageset (2004) states that hospitalized elderly people may experience decrease in self-sponsored activities regarding social life, such as dressing and hygiene and also experience losses in social contacts due death of spouse, relatives or friends. Both of these losses can result in a feeling of loneliness and isolation. Portero & Oliva (2007) argue that inadequate social network and social support result in a decrease in the quality of life for elderly people.

Social interaction and participation is a pattern in human development, just as there is a pattern of natural process of aging in elderly people. According to Drageset (2004) the loss of functions for elderly persons begins with the activities that are most complex and least basic such as bathing, dressing and going to the toilet. The activities that are most basic and least complex such as moving from bed to chair and feeding may be retained longer. Dependency on others to carry out the everyday activities becomes inevitable to the long term hospitalized elderly people.

Geographical distance could be a barrier to social contact; therefore telephone contacts provide a good way of social interaction for long term hospitalized elderly. Drageset (2004) states that frequent social contact with one's family and children could help to reduce loneliness and social isolation. Engagement in telephone discussion by long term hospitalized elderly could decrease the level of social and emotional loneliness. Additionally, Drageset (2004) states that telephone contact with people one shares interest and support with can provide security and a sense of belonging, thereby increasing the wellbeing and quality of life.

Social contact is an instrumental factor of wellbeing. Interestingly, the number of contacts does not matter compared to the quality of contact and how long term

hospitalized elderly people perceive it. There are many aspects of health that are more useful than just physical and mental health. Gottell, Brown, and Ekman (2003) state that to have better quality of life, good interpersonal relationships and good social contact could be more useful to elderly people.

Research of Brooker and Duce (2000) argue that activities in social groups could help to fulfill a basic need of belonging. But many people with dementia often experience cognitive disabilities. Therefore, long term hospitalized elderly people with dementia are not always made to participate in group activities. It is important to have a skilled structuring of a group activity since this group activity could help long term hospitalized elderly people with dementia increase their self-esteem (David, 1991).

Activities for people with dementia are often overlooked in health care settings. Redfern and Ross (1999, pp.206-209) declare that individual care, which is relevant to each person as a unique human being with a set of life experiences, preferences, values, abilities and needs, is vital. Caregivers should get to know their patients as individuals. Memory therapy which involves sharing memory in social grouping could be a good activity and a means for the long term hospitalized elderly people during their free time to get to know each other.

Brooker and Duce (2000) suggested that stimulating material such as old newspapers, old photos, songs and household items that the residents might be familiar with could be used in this memory therapy. Since aging comes with disabilities and a new learning era for elderly people, using reminiscence therapy as a group activity to socialize could help long term hospitalized elderly people add meaning and value to their life since it may involve happy memories.

4. Theoretical Framework

In this study we used Pender's Health Promotion Model since her main objective is to influence individuals in decision making and action in disease prevention. Pender (1996, pp.51-55), health promotion model, defines health as a positive self-motivated state and not merely the absence of disease. According to WHO (2010), health promotion is a process of enabling people to increase control over their health and its determinants, and thereby improve their health. The research of Pender in Tomey & Alligood (2006, pp.456-457), the health promotion model is based on three main issues: a) personal characteristics / experience of the individual / group; b) knowledge and feelings about the behaviour one wishes to reach; c) the desirable behaviour of health promotion.

Pender (1996, pp.35-36) affirms in her findings that each person has unique personal characteristics and experiences that affect subsequent actions. Therefore, health promoting behaviour should result in improved health, better quality of life and enhanced functional ability. This is motivated by the desire to increase wellbeing and actualize human potential throughout the life span and is useful in a variety of settings. Again, Pender in Tomey and Alligood (2006, pp. 458-459) states that health promotion is achieved using empowerment as the major tool, whereby "empowerment is the ability of an individual to make choices not to be oppressed"; this helps the elderly to have self-confidence and self-governance.

Furthermore, Pender in Tomey and Alligood (2006, p.453) claims that how individual perceive health and how they define health can affect their engagement in health promotion activities. On the same topic of health, earlier research of Santos, Voellinge & Bridevay (2008) states that improving self-esteem provides a good environment that helps elderly people to have confidence in making choices about their behaviours and actions. Pender in Tomey & Alligood (2006, P.455) argues that if one is used to the same behaviour or action and has engaged oneself in the

behaviour in the past, there is a likelihood of engaging in health promoting behaviours.

Health promotion in elderly people is a new idea in the geriatric care setting but has gained popularity due to studies showing that engaging in health related behaviors could reduce drastically the possibility of secondary disabilities occurring. Pender (1996,p.97) assumes that the health promotion model makes sure that the patient plays an active role in managing healthy behaviours, depending on the environment which constitutes part of an interpersonal environment.

According to Pender (1996, pp.33-35), health promotion helps the elderly people to control factors that will affect their health. In such an instance the elderly feel important in taking part in decision making for his/her actions rather than accepting the decisions of the professionals and caregivers. Haber (2010 pp.39-41) states that to empower elderly means not only to take care and offer health services but also to collaborate and encourage elderly in decision making abilities. To collaborate with hospitalized elderly, an understanding of the choices available to the elderly community is crucial. Health care professionals have the responsibility to make sure elderly people know the choices before engaging in the programs.

Hence, Harmer & Orrell (2008) reiterate that elderly people in nursing homes value the activities that are manageable to elderly. Another theory still about elderly in nursing homes but beyond the hospital setting was that of Shirley, Ploeg and Bauman (2010), suggesting that in hospitals and institutions for the elderly, exercise programs should be highly encouraged since exercise helps to prevent and manage chronic illnesses that could be affecting elderly. This could, if not add more years to the life span of elderly, at least help elderly live a disease- or illness-free life with the remaining years in this world.

Care professionals working with hospitalized older people have been committed to multidisciplinary teams which include caregiver, patient and the family. Team work ensures high quality care planning and appropriate outcomes. Team members are expected to have distinct but in some cases overlapping skills. It is crucial that nurses carry out the therapeutic routine initiated by physiotherapists as part of their nursing care. In addition, gaining success in a multidisciplinary team requires the following: clear understanding of roles, good relationships, effective communication and mutual understanding. The social and psychological needs of elderly people require the expertise with different types of staff (Redfern & Ross., 1999, pp.131-132).

Pender (1996, p. 69) reiterates that there are some potential barriers affecting health promotion activities: inadequate motivation from family or friends, inadequate places to exercise, limited financial resources, stress and feeling of loneliness. Also another research on health promotion from Santos, Voellinge & Bridevay (2008) states that health promotion in elderly can be affected by age, low agility, inadequate balance, insufficient strength, and incurred diseases, all being barriers to engaging in health promoting activities.

The great idea of education and motivation can encourage the engagement in health promoting activity. Elderly who are knowledgeable about the benefits of activities are likely to take part in health promoting activities. Santos, Voellinge & Bridevay (2008) state that improving self-esteem provides a good environment that helps elderly people to have confidence in making choices about their behaviours and actions.

Pender's model has been accepted by the nursing community, within educational practices, and research sectors. The model is useful due to the variety of settings where it can be applied. Health promotion activities have solved or provide solutions to nursing problems, health reform and policy (Pender in Tomey & Alligood, 2006, pp 460-461). Earlier research of Lucchetti & Cerasa (2002) claim that the main objective

in the health promotion program is not to treat a disease but to have a positive influence on an individual's lifestyle which could delay diseases, help elderly adapt to a positive life and know how to deal with disabilities. Lucchetti (1997) states that to gain success in health promotion, elderly people need stimulation, motivation and help to recognize their own values, social dimensions and potentials.

5. Methodology

Methodology is a controlled investigation of obtaining, organizing, and analyzing data. The method addresses the development, rationale and assessment of research tools and techniques (Polit & Hungler, 1999, pp.24-29). In this study, a qualitative research method was used with an interview being an appropriate tool for data collection. The choice of this method lies in the fact that it is a form of social inquiry that focuses on the people's experiences and how they interpret them (Polit & Hungler, 1999, p.13).

5.1 Qualitative Research

The qualitative research method correlates to the purpose of this study which is to gain deeper knowledge and understanding of the framework which combines the context, situation and theory of the studied subject. According to Polit & Hungler (1999, p.12), qualitative research is a broad cover term for research traditions, concerned with the study of human experiences, for the purpose of understanding the meaning of these experiences, and takes place in the field or a naturalistic setting. Polit & Hungler (1999, pp.13-14) 1999) state that researchers are placed under heavy emphasis to understand human experiences, through the careful collection and analysis of descriptive qualitative materials collected in the study.

Hence, qualitative research seeks to analyze unstructured information like interview transcripts, open-ended survey responses, feedback forms, photos, videos or recorded clips. It does not rely on statistics or numbers, which are the domain of

quantitative researchers (Polit & Beck, 2006, pp.44-48). Qualitative research is used to gain insight into people's attitudes, behaviours, value systems, concerns, motivations, aspirations, culture or lifestyles. It is used for policy formation, communication and research.

Polit & Beck (2004, pp.728-729) state that qualitative research has some advantages and disadvantages. The advantages are that it incorporates different data collection methods, which makes it very flexible and adaptive to what is grasped during the process of information collection. Qualitative research improves reliability and validity of responses, thereby reduced processing error and need for accusation. It improved cost efficiency and reduced respondent burden. Polit & Beck (2004, pp.244-245) state that the aspiring and holistic tendency makes it easier for understanding of the whole.

On the other hand, the disadvantages of qualitative research are that collecting and analyzing unstructured information can be messy and time consuming, using manual methods which require continued evaluation of data in order to build resulting plans and to decide when field work is finished (Polit & Beck. 2004, p.248). Qualitative research ends up with challenges in deducing collected data for reporting purposes as it must maintain the need to be concise and to uphold proves and richness of the data (Polit & Beck, 2006,pp.44-50). It is difficult when faced with volume of materials, finding themes and extracting meaning can be an uneasy task.

5.2 Data Collection

The intention was to collect data from caregivers in a hospital setting. An interview was conducted with the informants regarding the objective of this study using open-ended questions. The data was collected using narrative descriptions by having conversations with the caregivers of the hospitalized elderly people and making notes and also obtaining narrative records using tape recording.

An interview with six volunteer participants was conducted. The participants were the nurses who take care of the hospitalized elderly people. Bowling (1997) claims that an interview is useful for stimulating discussion that generate ideas to explore the topic in depth, gaining insight and obtaining rich data. Furthermore, Burns & Grove (1997) state that an interview is a flexible method that allows the interviewer to discover depth of meaning that cannot be acquired with other techniques.

Polit & Beck (2004, p. 250) claim that an interview offers some protection against unclear questions as the interviewer can determine whether the questions are understood. The interviewer can clarify with the interviewee any ambiguous matter. Besides, the advantage with interview is that it prevents identification of the interviewee and maintains confidentiality.

A developed question guide was used to provide a framework for the discussions. The interview was conducted in the form of a conversation whereby participants were encouraged to express their opinions and discuss issues through use of a series of open-ended questions concerning the topic. The interviewees were allowed time to think about their answer and the interviewer could further explain or modify the previously asked question for better understanding. The interview was done at an agreed time and audio recorded, and each interview lasted about 20 minutes.

5.3 Ethical Consideration

Nursing research often involves the use of human beings as research participants (Polit and Hungler, 1999, pp. 131 and 136). Therefore ethical consideration is very crucial as it deals with human honesty and integrity. Researchers ethically begin to conduct a research by identifying the study's topic and continue throughout the study. Participants in a research investigation demand protection of their rights, and respect for dignity (Polit & Hungler, 1999, pp.131-138)

Participants need to be assured the aspect of confidentiality, that their participation and/or information provided will never be used against them in any way (Polit & Hungler, 1999, pp.138-139). However, the rights of participants and the demands of the study can sometimes be conflicting, resulting in ethical dilemmas for researchers. The risks and benefits that may be experienced in this study will be carefully examined (Burn & Grove, 1997, 354-357). There are anticipated risks such as embarrassment⁴ and discomfort during the interview, particularly among participants.

Moreover, participants should be treated as autonomous agents who are capable of controlling their activities and have the right to decide whether to participate in a study or not and the right to refuse to give information (Polit and Hungler, 1999, pp. 131-142) (See appendix 2). Researchers should take the lead and explain to prospective participants that taking part in the research is based on the ability to speak the language required by the researchers for this research project. Prospective participants should be assured that their privacy is protected at all times.

The researchers should always raise and discuss the notion of anonymity and confidentiality with research participants prior to their participation in research (Polit & Hungler, 1999 p. 144). Researchers should ensure not to disclose identifiable information and to try to protect the identity of research participants through various processes designed to anonymize participants (Rose, Graham, Heath & Charles, 2006). In this respect participants must be assured confidentiality. The researchers should endeavor to guarantee participants' anonymity.

6. Implementation of the Study

This thesis is part of a project within Medibothnia named "Leading for a Change – Placing the Elderly in the Centre" (See appendices 3a and 3b). Six professional

⁴ Embarrassment means some nurses may feel discomfort being interviewed in English; it may be embarrassing since it is not their mother tongue.

elderly care nurses participated on the base of volunteering and ability to speak English. The length of the interview ranged from 15 minutes to 45 minutes. The average time was 20 minutes per nurse. We assume this time was short because the interview was held during the staff's normal working hours and the participants needed to return to their work. The respondents had 14 A4-sized papers from the interview before the analysis.

6.1 Content Analysis

Content analysis was used to analyze the interview which led to five major themes. Content analysis is a procedure for analyzing written or verbal communication in a systematic and objective way, whereby frequency, order, and intensity, recurrence of words, phrases and sentences are measured (Polit & Hungler 1999, p.98).

After we had formulated our vision of this study and explored the concepts of free time activity as therapeutic in elderly care nursing, we read the interview several times in order to get the overall picture and an in-depth understanding of the research topic. Interview content was analyzed regarding the study as a framework for identifying informants' attitude, knowledge and beliefs. The analysis includes five themes: Health promoting activity as a tool to promote health, Resource as a barrier for health promoting activities, Motivation from the caregivers' point of view, Knowledge from caregivers' point of view and Positive attitude towards health promotion activities from the caregivers' point of view.

We tried to analyze the themes based on the interview review. The analysis raises more awareness in elderly nursing care to switch from a traditional style of elderly nursing care to a truly patient-centred one. This stemmed from more than a wish to influence free time activity for long term hospitalized elderly.

7. Results

The result in this section came as we analyzed and interpreted the collected data from a balanced review of research literature and interview conducted to have an in-depth understanding relevant to the designed research questions of this study.

Health Promoting Activities as a Tool to Promote Health

This included talking about the activities that the caregivers think are of help to hospitalised elderly people. Participants agreed that activities are an important tool in health promotion.

'..Listening to music, reading newspapers and books, engaging in religious activities, aahhh....watching TV...'

'..Hmm... hmm... conversations, ahh religious activities aah, singing, music, watching TV, discussions, they can have the daily paper read to them, yah stuff like that.'

'..Well I would believe aaah... the bed patients they need more of the rehabilitation.'

'..In places for taking care for the elderly it should not just be a place to just put the elderly people mmmm The longer the people live, so should be the maintenance of their quality of life to give their life a meaning...'

Activities identified by all the participants were: Listening to music, reading newspapers, listening to choir singing, walking, listening to radio, talking amongst each other, watching TV. There was a lack of variety of these activities. It was noted that bed patients also engage in similar activities but there could be more activities organised for them. The participants tended to agree that there is a limitation of

these activities and a schedule that could be used by the patients to help them engage in these activities. The limitation was noted as a result of inadequate resources and the patient's incapability.

'...We could have a lot more stimulation for bedridden patients also. There could be painting some pictures on the walls and in the ceilings, we could have more TVs in the rooms... hmmm we could hmmm... patients could listen to more music that they like,...'

'...Well i could say.. the patients that we normally get from the beds basically just sit eeeh..in the dagsalen and eeeh we have some activities like aaah..Wednesdays the choirs come and...They sing for them. Well we also join them with activities like I said drawing and other things. And also interacting with them...you know..talking to them. This and this and that....'

'..... I have to add about the resources hahaha...given enough resources anything is possible meaning money and stuff. Yap....'

Resources as a Barrier for Health Promoting Activities

This was the most important theme received from the participants. It was identified as a barrier to organising activities for long term hospitalised elderly people. All the participants thought that with provision of additional staff, more activities are organised. Demonstration from the interview showed that resource plays a golden role as an overwhelming determinant in needed professional care. Moreover, resource plays a decisive part in finding available, competent and affordable health care staff needed to care for long term hospitalized elderly. From the above argument, it is evident that insufficient staff may cause a setback in elderly care.

'...But we don't have already much of the program for the rehabilitation of these patients. And also when you come to think about it, the staff we are really not enough that you can know you set some time and do the rehabilitation for these bed patients...'

'...Well I think we have many patients and the staffs are a little bit fewer. We tend to spend very little time with the patients, you know...'

'...And of course If I could build my own place, where you take care of these older people, then I should take a little more persons or..or.. find someone who will come and learn something about the elderly so they get more of that human contact.'

'...But I think it is only natural that we have quite little staff here and the patients are very aaah...in bad condition they need pretty much help with everything...'

'...Our level is low here. We get cheap food in the morning and in the afternoon.... same food in the morning like in the evening. And minimum staff. We could have better food, more staff and more activities....'

'..Our patients cannot do so much but maybe listening to music, painting, it is also important to talk to them a lot... But to organize the activities more staff is needed. We are not many here and much to do...yah...'

'....Ohoooo yeahhh all kind of activities there could be a lot more activities organised given enough staff of course hahhah'

Motivation from Caregivers' Point of View

Motivation plays an important role for both nurses and elderly. On the elderly path, motivation is imperative as it provides the energy to empower elderly to become self-directed about exercise participation. In order to appreciate the extent to which nursing activities motivate the elderly, we also looked at nursing motivation.

'...So if there are more staff we could spend much more time with patients. With the interaction and you know...we tend to be in a kind of a rush so that we can cover all the patients and in the right time to do everything at the right time...'

'...everyone we know that we have too little time for that important things ...mmmmm even if they say in school that if you want to you have the time but I never see it here. But I never drink day coffee I'm always trying to do something mmmm....and even if I try, you don't have the time...'

For the health care institution to offer some services free of charge, motivates caregivers as it provides help on basis of the care they offer to elderly and also on the individual level. A good example is the gym being free of charge to caregivers, after work or on free days. This motivates caregivers as they also need activities of exercise without feeling tired and having body pains after a hard day's work.

"...eeh, sometimes vi går med patient to gym and help, if not much work ,haha... we also train hahaha... a little. Ehhh is good here because gym is free for nurses here, hahah ,you know, you train after work and do little exercise hahaha is good"

Elderly are motivated as they often engage in different activities, some of which the elderly are familiar with or new things they may learn while engaging in the activities.

This motivates elderly as it raises their self-esteem and desire to participate rather than sit or lie all day long doing the same thing over and over.

‘...You lie there in bed, you look at the walls, there is no stimulation, you don’t even know what is going on in the world, and nobody tells you...’

Hospitalized elderly are placed and treated as a group and not as individuals. Elderly have no motivation to express their feeling or say what they want and at what time. Furthermore, elderly motivation can also depend on what is eaten. This points out that, being in group, elderly cannot make choices and therefore end up with feelings of little or no motivation. Otherwise, if elderly make choices on what and how food should be made, it can raise motivation and elderly self-esteem.

‘..And when people are put in one place, they are treated as a group not as individuals...and it doesn’t have to be like that....’

‘..ehh, food play a part on patients’ mood..That depends on what you like, if you don’t like porridge, and you get it in the morning, you will be in a bad mood because everybody gets the same...It doesn’t matter whether you like it or not no no.....

‘Everybody gets the same so..and if you like porridge then okay fine ..then you are in a good mood but aah...there could be more individuality as well...’

Knowledge from the Caregivers’ Point of View

It was attention-grabbing to note that the participants had not received much education about the activities that elderly people could engage themselves in to promote their health and wellbeing. Hence, it was interesting to know that knowledge, information and skills are acquired through experience and education.

‘..I was in special course in 1995 to 1996 and ...there we tried to get few or get clues on what you can do for older people. But of course it was easy for me that have seen them before mmh...but of course there is many young that don’t know so much about elderly..’

‘..I cannot recall but I suppose I got some kind of education about it in school... Not very much at work place but we have had people from physiotherapy trying to teach us physical activities that like that you can do sitting on a chair..’

‘...Well in school we didn’t get much of set of activities for the elderly...’

‘..In work place aaah.....I don’t think we have had any education about it but I think it’s very important for these patients to have something to do..’

‘...About activities for the elderly? Well in school we didn’t get much of set of activities for the elderly. It was put as eeeeh if you can think of something you can do for the elderly. So it wasn’t particularly that it was .you know there was some kind of education about that. So It is still your own initiative to plan something for these elderly people. Something like that...’

It was also interesting to know that health care settings should have a library, which lends books and DVDs about activities. Reading and watching some of these items can motivate nurses as they realize there is a lot to learn when it comes to learning new things. It is appealing to note that some of the books are written in testimonial or story forms which motivate nurses not to get tired with same old educational textbook-style of talking. It is important to obtain feedback from the nurses in order to assess the effectiveness of the materials provided.

‘..huh, the library has books and DVDs nurses can borrow, where we learn many things from, ja include type also for everybody including elderly, ehheh and books also’

Knowledge about the importance of activities for elderly is vital for caregivers and the elderly. Also knowledge about activities should be on the minds of the caregiver. Insufficient knowledge about activities could cost both the health care giver and patient dearly. Finally the health care providers need to create awareness about the importance of activities to elderly wellbeing.

Positive Attitude towards Health Promotion Activities from the Caregivers' Point of View

The majority of the participants responded with some degree of positive attitude toward elderly activities as they agree on the importance of elderly engaging in activities for their wellbeing, but because of insufficient knowledge of the type of activities that are suitable for elderly, caregivers shy away from providing the activities.

‘.....It is stressed eeh ...that you maintain activity...because aaah....lack of activity makes people hospitalised..... ‘

‘.. if they are not in this kind of care maybe or maybe they were a little bit younger, they can handle a bit more things. They can do some bit of activities...’

‘..Ohoooo yeahhh all kind of activities there could be a lot more activities organised...We could do more things...’

‘...In the activity issue some patients do not like to engage themselves in activities because they say they have been working all their lives... so now they are retired, they should rest....yah...’

However, some nurses portrayed a negative attitude because providing the activity may expand their job nature.

'...With the interaction and you know...we tend to be in a kind of a rush so that we can cover all the patients and in the right time to do everything at the right time...'

7. 1 Concluding Results

This study found that free time activities are beneficial to promote health and wellbeing of hospitalised elderly people. The participants disclosed that they have not had any course about free time activities. This is because no course about free time activity is offered in nursing schools or activity training course program arranged for nurses during their working hours.

The respondents identified five themes that were interrelated: Health promoting activities as a tool to promote health, Resources as a barrier for health promoting activities, Motivation from the caregivers' point of view, Knowledge from the caregivers' point of view and elderly's point of view, Positive attitude and limited knowledge.

Resources being one of the themes emerged as a major drawback in organising and handling activities for the hospitalized elderly. Participants had ideas of activities believed to be meaningful for elderly at free time. But inadequate motivation makes caregivers portray a negative attitude to performing that meaningful activity considered to promote health and wellbeing among hospitalised elderly people.

Moreover, Harmer and Orrell (2008) state that it is important to identify meaningful activities for elderly people. According to Timothy (2003), meaningful activities are human action which is carried out for definite reasons, and with specific purposes in mind. In addition, Redfern & Ross (1999, pp.91-92) claim that hospitalised elderly

people stand a risk of developing opportunistic illnesses, and to avoid this, emphasis should be placed on rehabilitative activities from the day of hospitalisation.

Finally, we conclude that hospitalized elderly people lacked the opportunity to engage into free time activities that could promote their health and wellbeing. This could be due to the attitude of the staff, insufficient resources and inadequate knowledge about free time activity.

8. Critical Review

This study's critical review will follow the critiquing guidelines of qualitative research set forward by Streubert & Carpenter (2007). The study's purpose, sampling, method, data collection and analysis, credibility, audibility, and findings will be reviewed and examined. The subject matter of this research was to investigate the activities at free time that can promote health and wellbeing among hospitalized elderly people, in order to provide information on elderly activities.

The researchers' interest was also to find out how Pender's theory of the health care promotion model can influence the lives of long term hospitalized elderly people, which the researchers deemed vital in nursing care of elderly. This theory gives a befitting framework for the research, and also the subject matter findings were related. In addition, an interview was chosen as an appropriate tool since most of the researchers' target groups were professional caregivers in elderly care. The researchers wanted to explore an in-depth understanding of the informants' work experience in line with the topic of concern.

The study tries to raise awareness about the value of free time activities for elderly. It also mentions some possible consequences that could arise if the aspect is neglected. Hence, this study comes up with some ideal activities that can excite hospitalized elderly to engage in them during their free time.

Free time activities could ultimately enrich the competence and empower nurses and other health care professionals to broaden their scope of knowledge about the importance of free time activity in elderly nursing care. This may help to provide solution to problem(s) rising from increased demand for activities at free time which is insufficient in the domain for long term hospitalized elderly according to our findings.

The study used an integrative method of nursing research, gathering findings from many empirical research studies applicable to a unique topic. The information used in this study came from databases such as EBSCO and CINAHL, some books, and the interview. In view of the fact that interviews were used, the protection of the interviewee's privacy was a matter of importance.

Streubert & Carpenter (2007, pp.316-318) assert that researchers need to address Credibility, Audibility and Fittingness of a study's findings to make it valid.

Credibility is used to validate the quality of collected data in qualitative studies. This refers to confidence in the truth of the data and its analysis (Polit & Beck, 2004). Credibility is achieved if informants should accept the findings as their experiences (Streubert & Carpenter, 2007, pp.316-318).

Audibility comes into recognition when the reader is able to follow the researchers' thinking and the applicable methods used in the study (Streubert & Carpenter, 2007, pp.316-318). The researchers have outlined their findings in a chronological pattern which a reader can read and follow.

9. Discussion

In this chapter, the respondents will conclude the study by checking the aim of the study, the study questions, the method, theoretical framework, and the findings. The

respondents will assess whether the study questions have been answered appropriately.

The main objective of this study was to investigate and gain more knowledge on the activities hospitalized elderly people engage in or could engage themselves in at free time in order to promote their health and wellbeing. The respondents aspire to point out the benefits of activities at free time for hospitalized elderly people in promotion of health and wellbeing. The respondents also pointed out how important Pender's theory of health promotion is in the support of implementation of free time activities that promote health and wellbeing among long term hospitalized elderly people.

The three questions that form the foundation of this research topic in the study are believed to be answered (See appendix 4). Hence, free time activities are realized as important for long term hospitalized elderly. Equally, the characteristics of free time activities and barriers to engage in them relate to a combination of educational, organizational and individual issues. Research by Grove and Spier (1999) found that many elderly people may not engage into physical exercises due to inadequate knowledge of its benefits, low self-esteem and limited or no access to exercise programs.

This initiates the attitude in elderly denying that activities are beneficial. In addition, Prue, Daniel & Jennene (2006) suggest that changes in elderly needs may leave nurses feeling forced to work in an area undesirable or outside their current educational and practical knowledge. Insufficient knowledge about activities that promote health and wellbeing in elderly may result in nurses being unable to modify care which may place hospitalized elderly patients at risk.

Added together, the theme resources was found to differ from the other themes as it is seen as a major hindrance in organizing activities at free time for hospitalized elderly people. As the saying goes, "Money plays a major role in everything". In the

discourse, resource was not only looked upon as a financial aspect but also as a human resource aspect to enhance or motivate the caregivers in providing activities at free time for hospitalized elderly.

Drennan et al. (2005) further reiterate that disease prevention in elderly people comes with certain setbacks especially concerning resources. If cost of medical care is high, it causes a strain on the tax payer; whereas the aging population is constantly demanding a new health care policy that promotes good quality of life. However, insufficient resources limit the provision of needed facilities that can motivate elderly to engage in free time activities.

Limited ability to engage in free time activities seems to result in the devaluation and habitual deprivation of long term hospitalized elderly. Losier, Bourque and Vallerand (1993) state that motivation is the energy that drives activity participation and without motivation, there is no will to engage in activities. However, the main factor that seemed to enable successful engagement in free activity appeared to be the caregivers' ability to have insight into the subjective world of a hospitalized elderly person, and skills to adapt the social and physical environment so that activities are more accessible.

The different perspectives from some of the caregivers appeared to relate to their responsibilities and needs. There appears to be a need for a more humanistic attitude to elderly nursing care and this need to be embedded in all levels of the care organisation. The findings from this study authenticate some specific activities as being meaningful to the growing population of long term hospitalized elderly, and add to the increasing evidence that "activities are more cost effective than medications".

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APPENDIX 1

Benefits of physical activities (Pender N 1996 pg.188)

Endocrine and metabolic effects	Immunological effects	Endocrine and metabolic effects	Musculoskeletal effects	Psychological effects
Reduce blood pressure	Reduce incidence of selected types of cancer	Improve glucose tolerance	Increase lean muscle mass	Improve self-concept
Increase blood oxygen intake	Improve prognosis post-treatment for cancer	Decrease body fat	Maintain body mass	Decrease anxiety and depression
Decrease total cholesterol	Increase circulating leukocytes	Enhance oxidation of fatty acids	Prevent or make chronic back and joint pains milder	Improve mental alertness
Reduce resting heart rate by increasing stroke volume		Increase metabolism rate	Increase muscle strength and endurance	Enhance general mood and psychological well-being.

Increase blood
supply to the heart
and myocardial
efficiency

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Appendix 2

Confidentiality letter

Dear Informant,

We are final year students at Novia University of Applied Sciences, studying at the degree programme in Nursing. We are carrying out a study on the “Necessity of Activities at Free Time for Long Term Hospitalized Elderly” within the project ‘Leading for a Change – Placing Elderly in the Centre’.

The aim of this study is to gain inside knowledge and understanding regarding activities at free time that can promote health and wellbeing of long term hospitalized elderly from a caregiver’s point of view. The research should shed new light on the phenomenon ‘free time’.

We wish to conduct an interview with registered nurses and/or practical nurses who work with long term hospitalized elderly people. We will use a tape recorder during the interview, and everything you say will be handled anonymously. Total confidentiality will be held. Your responses will be used for the purpose of this study and then the material will be destroyed. You are allowed to withdraw your participation from this study.

Thank you in advance for your participation in our study

Yours sincerely,

Ruth Mbuthia, & Gildas Bambot

Appendix 3a



UPPDRAGSAVTAL MELLAN STUDERANDE OCH UPPDRAGSGIVARE

Uppdragsgivare

Namn Projekt Medvillan
 Kontaktperson Yvonne Hill
 Kontaktuppgifter yvonne.hill@hfr.se

Studerande

Namn Ruth Mbatia & Gildas Bambat
 Kontaktuppgifter ruth.mbatia@maria.se
 Utbildningsprogram Nursing DS

Handledare

Uppdragsgivaren: Namn _____
 Kontaktuppgifter _____

Yrkehögskolan Nova: Namn Rika Levy-Malmberg
 Kontaktuppgifter _____

Examensarbetet

Syfte The aim of this study is to investigate the activities at free time that can promote health and wellbeing among hospitalized elderly people in order to provide information to health caregivers.
 Arbetsrubrik Utilizing Elderly free time - A study of activities that promote health and wellbeing.

Upplägg och tidsdisposition

Upphovsrätt

Upphavs- och äganderätten till examensarbets resultat tillhör alltid den/de studerande. Uppdragsgivaren ges med detta avtal oinskränkt rätt att använda examensarbets resultat Ja X Nej _____

Övriga villkor

Uppdragsgivaren betalar antingen Yrkehögskolan Nova eller den studerande för examensarbetet Ja _____ Nej X

Uppdragsgivaren har för avsikt att utnyttja resultaten i sin verksamhet Ja X Nej _____

För övriga villkor som exempelvis tryckningsplikt, publicering eller ekonomisk ersättning avtalas separat.

Datum och underskrift
 26.8.2011

Yvonne Hill
 Uppdragsgivare

Ruth Mbatia
Gildas Bambat
 Studerande

PA/representant YH Nova

BESTÄLLNING AV LÄRDOMSPROV

HADB41

1. Arbetsavdelning, organisation, adressuppgifter Project Mediobothnia
2. E-mail adress Yvonne.hilli@scrvk.fi
3. Projektets syfte och innehåll The aim of the study is to investigate the activities at free-time that can promote health and well-being among hospitalized elderly people in order to provide information to health caregivers.
4. Projektet skall utmynna i _____
5. Lämplig tidpunkt för projektets utförande 1-9.2010 - 29.9.2011
6. Projektansvarig på enheten/avdelningen _____
7. Deltar avdelningspersonalen i projektet. ☐ Ja ☒ Nej
8. Önskemål om antal studerande som deltar i projektet 2 studerande
9. Projektet finansieras av beställaren*. ☐ Helt ☐ Delvis ☒ Inte alls
10. Övrigt _____

Ort/Datum Vasa 26.1.2011Namn/underskrift Yvonne HilliTjänstställning Project leader

Beställningen skickas till

Yrkeshögskolan Novia
Hälsovård och det sociala området
Serlegatan 2,
65 320 Vasa

* separat avtal uppgörs vid behov.

Appendix 4

Questions guiding the interview.

1. Please tell me a little about yourself and how many years you have worked in this place?
2. Please tell me what activities the patients do at their free time?
3. In your own point of view, what will be the feeling of the elderly after engaging in the activities?
4. What type of activities can long term hospitalized elderly people engage themselves in? In your own point of view.
5. Which kind of activities do you organize or wish to organize for bed patients?
6. What kind of education about free time activities for the elderly did you get in your school years and/or in your work experience?
 - If yes, please tell us more about the education.
 - Which kind of activities do you think you can organize?

Thanks for partaking in the study and for being truthful.